

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 9131744	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1										
2		1										
3	1											
4		2	2									
5		2	2									
6		1	1	1								
7			1	1								
8	1		1	2								
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50												
TOTAL IND.	4		5									
TOTAL DEP.	8	8	10	10								
TOTAL CLAIMS	12	12	15	15								
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS												